

HISTORY/PHYSICAL/PROGRESS NOTES
Louisville, KY 40202

Date	Time	Date of Birth	Requested By	Attending
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INITIAL GASTROENTEROLOGY/HEPATOLOGY CLINIC NOTE

Information From
 PATIENT FAMILY CAREGIVER

REASON

PRESENT ILLNESS *Main sign/symptom (1/1/4/4/4): (location, quality, severity, duration, timing, context, modifiers, associated signs/symptoms)*

MEDS

ROS *Checked areas (✓) were explored, but negative, areas numbered (#) were positive as described (0/s d /2/10/10)*

Constitutional _____, Skin _____, Eyes _____, ENMT _____, Resp. _____, CV _____, GI _____, GU _____, Musculoskeletal _____, Lymph _____,
Neuro _____, Psych _____, Endocrine _____, Immune _____

Positives:

Past History (0/0/1/3/3) DRUG ALLERGIES:

MEDICAL

SOCIAL

FAMILY

PHYSICAL:	BP	Pulse	Resps	Weight / HT	Temp
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PHYSICAL EXAM (1/6/12/2x9/2x9): At a minimum, areas checked (✓) were examined, but were normal/non-contributory; areas crossed (X) were abnormally relevant as described by #.

1 <input type="checkbox"/> Appearance <input type="checkbox"/> > 3 V S		10 <input type="checkbox"/> Scrotum/testes <input type="checkbox"/> Penis
2 <input type="checkbox"/> Skin/SO inspec <input type="checkbox"/> Palp		<input type="checkbox"/> Prostate
3 <input type="checkbox"/> Conj/ids <input type="checkbox"/> Pupils/iris		11 <input type="checkbox"/> Ext/vagina <input type="checkbox"/> Urethra
<input type="checkbox"/> Fundus		<input type="checkbox"/> Bladder <input type="checkbox"/> Cervix
4 <input type="checkbox"/> Ext ear/nose <input type="checkbox"/> Otoscopy		<input type="checkbox"/> Uterus <input type="checkbox"/> Adnexa
<input type="checkbox"/> Hearing <input type="checkbox"/> Rhinoscopy		12 <input type="checkbox"/> Gen/station <input type="checkbox"/> Digits/nails
<input type="checkbox"/> Lips/teeth/gum <input type="checkbox"/> Orophary		<input type="checkbox"/> Insp/palp
5 <input type="checkbox"/> Breast insp <input type="checkbox"/> B. palp		<input type="checkbox"/> ROM <input type="checkbox"/> Stability
6 <input type="checkbox"/> Neck <input type="checkbox"/> Thyroid		<input type="checkbox"/> Musc. strength/tone
7 <input type="checkbox"/> Resp effort <input type="checkbox"/> Chest percu	13 <input type="checkbox"/> Neck LN <input type="checkbox"/> Axillae LN	
<input type="checkbox"/> Ch palp <input type="checkbox"/> Lung auscult	<input type="checkbox"/> Groin LN <input type="checkbox"/> LN	
8 <input type="checkbox"/> Heart palp <input type="checkbox"/> H auscult	14 <input type="checkbox"/> CN	
<input type="checkbox"/> Carotid P <input type="checkbox"/> Femoral P	<input type="checkbox"/> DTR/Babinski	
<input type="checkbox"/> Pedal P <input type="checkbox"/> Abd Ao	<input type="checkbox"/> Sensation	
<input type="checkbox"/> Edema/varicos	15 <input type="checkbox"/> Judgement/insight	
9 <input type="checkbox"/> Abd palp <input type="checkbox"/> Liver/spleen	<input type="checkbox"/> Orientation <input type="checkbox"/> Memory	
<input type="checkbox"/> Hernias <input type="checkbox"/> Ano rectal	<input type="checkbox"/> Mood/affect	
<input type="checkbox"/> Guaiac (if indicated)		

DATA Diagnostic studies evaluated by type; comments are given if needed (O=ordered, R=reviewed, D=discussed, V=visualized) - Circle or check (✓) indicates work done; only very relevant data was written below (1/1/2/3/4 points):

Labs/Path: O/R, Radiol: O/R, D, V(2), Med test/Endo: O/R, D, V(2), Path: D, V(2), Old Records Reviewed (2) Requested Date

IMPRESSION/DX: (1/1/2/3/4): [New+W/U (4); New (3), Worsened (2), Stable (1), Improved (1), Self-Limited (1)] Date

Plan/Assessment:

Risk (1/1/2/3/4)

<input type="checkbox"/> Venous lab	<input type="checkbox"/> Urine test	<input type="checkbox"/> OTC drug	<input type="checkbox"/> Diet	<input type="checkbox"/> Prescrip drug	<input type="checkbox"/> Proc. Avg Risk	<input type="checkbox"/> Dz threat function/life	<input type="checkbox"/> Rx w/risk/monitoring
<input type="checkbox"/> EKG, EEG	<input type="checkbox"/> Ur/S, Plain X-ray	<input type="checkbox"/> Contrast X-ray	<input type="checkbox"/> Arterial puncture	<input type="checkbox"/> Elective surg (Bx)	<input type="checkbox"/> Acute systemic dz	<input type="checkbox"/> Emergency procedure	<input type="checkbox"/> Procedure w/risk
<input type="checkbox"/> Rest				<input type="checkbox"/> Mild exac. ch dz	<input type="checkbox"/> 2 stable ch dz	<input type="checkbox"/> Severe exac. ch dz	<input type="checkbox"/> Parenteral narcotic

COUNSELING > 50% OF (C: 15:30:40:60:80, N: 10:20:30:45:60) MIN SESSION

letter and/or fax with recommendations sent to requesting physician

Old records requested

Obtain Hx from family

PTC

Signature

MD